

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No. **ISO1164TC**

Application Number **10/737,234**

Filing Date **DECEMBER 16, 2003**

First Named Inventor **NICK J. GRIVAS**

Group Art Unit **2617**

Examiner **PHUONG, DAI**

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Response to Office Action dated April 20, 2006	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings:	<input type="checkbox"/> Notice of Appeal <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Postcard
<input type="checkbox"/> Two Month Extension of Time Request (duplic)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Information Disclosure Statement, PTO-1449	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-1713</u> . A duplicate copy of this sheet is enclosed.	
	<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. <u>50-1713</u> . A duplicate copy of this sheet is enclosed.	

CALCULATION OF FEE

				Small Entity	Large Entity	
	Claims After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate
Total	Minus			x \$25=	0	x \$50=
Indep.	Minus			x \$100=	0	x \$200=
				+\$180=	---	+\$360=
First Presentation of Multiple Dep. Claim				total add'l fee	\$ 0	total add'l fee
						\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 Cardinal Law Group 1603 Orrington Ave, Suite 2000 Evanston, IL 60201		
Signature	/FRANK C. NICHOLAS/		Date: AUGUST 18, 2006

CERTIFICATE OF ELECTRONIC SUBMISSION

I hereby certify that this correspondence is being submitted electronically to the U.S. Patent and Trademark Office on this date:

AUGUST 18, 2006

Signature	/FRANK C. NICHOLAS/ FRANK C. NICHOLAS (33,983)	Date: AUGUST 18, 2006
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